

THE STATE OF NEW HAMPSHIRE  
**DEPARTMENT OF LABOR**  
CONCORD, N.H. 03301

**SUPPLEMENTAL WAGE SCHEDULE**

TO BE COMPLETED ONLY WHEN INDEMNITY RATE IS BASED ON AFTER-TAX EARNINGS AS DEFINED BY RSA 281-A:2, 1-a.

TOTAL NUMBER OF DEPENDENTS (INCLUDES EMPLOYEE) \_\_\_\_\_

FILING STATUS (MARRIED OR SINGLE) \_\_\_\_\_

List names and ages of all dependents

|         |          |
|---------|----------|
| 1 _____ | 6 _____  |
| 2 _____ | 7 _____  |
| 3 _____ | 8 _____  |
| 4 _____ | 9 _____  |
| 5 _____ | 10 _____ |

Average Weekly Wage \_\_\_\_\_ Line 1

Amount of Federal Withholding Tax to be Deducted  
using Figure from Line 1 \_\_\_\_\_ Line 2

FICA rate factor \_\_\_\_\_ Line 3

Multiply amount from Line 1 by FICA rate factor \_\_\_\_\_ Line 4

Total Deductions (Add Lines 2 and 4) \_\_\_\_\_ Line 5

AFTER-TAX EARNINGS INDEMNITY RATE  
(Subtract amount in Line 5 from amount in Line 1) \_\_\_\_\_ Line 6

\_\_\_\_\_  
Signature – Employee

\_\_\_\_\_  
Signature – Adjuster

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date